

Important Information

Please Read Before Completing Enclosed Form

This document will be scanned. Please help us to process your form quickly by following the direction below.

- ☐ Use only black ink.
- ☐ Write only within the green boxes and ovals.
- ☐ Write numbers clearly in block form. Do not insert commas between numerals.
- ☐ Fill in ovals completely. Do not use ✓ or X.
- ☐ Return only the original, no photocopies, Fax's, or duplicates of any kind.
- ☐ Do not mail attachments or cover sheets. You will be contacted if additional information is required.
- ☐ Comments are not necessary. You will be contacted if additional information is required.
- ☐ Avoid making stray marks such as check marks.
- ☐ Do not use staples on the form.
- ☐ Do not use time/date stamps or rubber stamps
- ☐ If wages are required in Section 5, be certain to provide wage data.

Register now on www.mass.gov/dua to complete and submit future forms on the web

- ☐ Under Online Services click UI Online For Business

For additional information, visit www.mass.gov/dua. Click on **Business Services**, then **Employer Forms**.

- 1. Your DUA account number.** Please verify that it is correct.
If needed, a corrected number can be entered in the boxes on the right side of this section.
- 2. Information on the person who filed the claim.**
Check the pre-printed information on the claimant and complete the dates requested.
- 3. The claimant's employment status.** You need to fill in one reason. There is limited space for comments, with additional space on the reverse side of the form, if needed.
- 4. Payments other than wages.** There are four choices. Indicate any/all that apply to the claimant.
- 5. Wage information.** There is space for five calendar quarters/ wage periods – labeled A - E. Some wages – reported by you to the Massachusetts Department of Revenue (DOR) – may be pre-printed. The word “None” will appear if there are no wages on file.
 - Check that all pre-printed amounts are accurate.
 - Correct any inaccurate amounts.
 - Enter gross wages for any other quarters listed if wages were paid to the claimant. Sometimes wages may be requested for a partial calendar quarter. When this happens, be sure to provide wages for that period only, not for the entire quarter.
- 6. Contact information.** Complete this section by providing information on the person who should be contacted for information on the claimant's separation from work. There is also a certification statement and a place for the name and signature of the person who completes the form.

1 123456789 0 03103 03303 001 0303201541530001 11111111 1062

P.O. Box 9694
Boston, MA 02114

Unemployment Insurance Request for Information

Date Received: March 19, 2003

Due Date: March 31, 2003

Important!

To protect your rights to dispute this claim and any charge to your account that may result, this request must be completed in full and postmarked or faxed by the due date indicated above.

ABC COMPUTER SYSTEMS INC
280 WORCESTER RD
FRAMINGHAM, MA 01702

Contact at: ☎ (617)626-5039

For more information on completing this form.

You can charge your address online at: <http://www.dta.state.ma.gov/online/default.htm>.
For assistance, call (617) 626-5040.

ONLY use Black or Blue Ink!

Verify your DET Account number, 12-345678

Make any corrections here:

This individual has filed a claim for Unemployment Insurance benefits, naming you as a former employer.

Name: Jane Doe

Claim File Date: 03/18/03

Provide the start date and last physical day at work

SSN: 111-111-1111

Claim Effect Date: 03/16/03

Read all of the statements carefully then fill in the one reason that best reflects the status of this claimant.

☐ Laid Off or Hours Reduced by Employer
Indicate recall date, if any

☐ Discharged

☐ Discharged for deliberate misconduct or violation of company rules or policy, including absenteeism or tardiness.

☐ Suspended for violation of company rules or policy.

☐ Discharged or quit due to a conviction of a felony or misdemeanor.

☐ Released due to inability to meet performance standards, not misconduct or violation of company rules or policy.

☐ On strike or locked out

☐ On a leave of absence (Explain reason in comments)

☐ Graciously assistance of reemployment (redundational institution only)

☐ Still employed or on call

Comments (Optional):

At any time, did this individual ever or
apply for these types of payments:

☐ Vacation Pay?

☐ Retirement Benefits?

☐ Severance Pay?

☐ Employee signed a release of claims required
to receive all severance pay

Provide the amount of Massachusetts gross wages paid to this
employee during each of the periods listed.

Wage Period

Gross Wages
on File

Enter Gross Wage or
Correct Wages on File

A 01/01/02
thru 03/31/02

NONE

B 04/01/02
thru 06/30/02

NONE

C 07/01/02
thru 09/30/02

NONE

D 10/01/02
thru 12/31/02

NONE

E 01/01/03
thru 03/15/03

NONE

Contact Name for
Separation Information:

Telephone:

Ext:

Fax:

Employer Certification: These statements are true to the best of my knowledge and belief.

Form Completed by:

Signature: